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About our cover . . .

Social hygiene cross-section. Second
of a new series of Journal covers.

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A national investment in health

History is beginning to repeat itself . . . once more a highly effective VD control program is in danger of being curtailed to the point of futility. If proposed cuts in federal appropriations for venereal disease control go through, these funds will have been reduced—in only two years—by 76%. Individual states, in turn, are reducing their appropriations to a point where VD rates may soar as they did after World War I.

Adequate federal support of state VD control programs is essential . . . for no state can stand alone against the spirochete and gonococcus, long notorious for their lack of respect for state lines; the whole country benefits when the federal government assists those states that bear the heaviest part of the VD control burden; substantial funds are necessary to keep the incidence of VD at a minimum; even though it is up to the states to administer and largely to support adequate VD control programs, it is wise that the federal government retain responsibility for recording and analyzing the occurrence, distribution and effects of VD, for pointing out inadequacies in state programs, and for providing supplemental support to individual states.

The Association of State and Territorial Health Officers, the American Venereal Disease Association and the American Social Hygiene Association urgently call the attention of our fellow Americans and our government to the dangers inherent in a situation where the stake is the health and happiness of millions of people. Let us think twice before we jeopardize our national investment in VD control thus far and our excellent opportunity of bringing syphilis and gonorrhea to a less commanding position among communicable diseases.

*Thomas B. Turner, M.D.
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Newer approaches in selective mass testing

For more economical and efficient VD control

by C. S. Buchanan

Since 1945 Georgia has employed mass blood-testing as a major syphilis case-finding technique. In planning their initial county-wide survey, Georgia officials foresaw the economic wisdom, public appeal and public health benefits inherent in multiphasic testing. The first known survey of its kind in Savannah-Chatham county in 1945 combined a chest x-ray for tuberculosis and other chest pathology with the serologic test for syphilis.

In the Greater Atlanta survey in 1950, we offered—in addition to the chest x-ray and serologic test for syphilis (STS)—a blood sugar test for the detection of diabetes, a hemoglobin test for anemia, a dental examination, and a height and weight check. Since then we have continued to offer the chest x-ray, STS, blood sugar and hemoglobin tests. In these seven years we have tested on a purely voluntary basis about half the population of Georgia, and about 75% of the population between 12 and 60.

Early in our mass testing program we found the blood-test inadequate as our sole syphilis case-finding procedure. We added strong programs of public information and contact investigation, and used the three procedures collectively in our mass testing program. We determined at once that each of these methods complemented the others and that the three used concurrently and collectively greatly improved the effectiveness of our program.

A good record

We found that contact investigation used with mass blood-testing more than doubled the volume of primary and secondary syphilis cases we discovered. We found that intensive public information led to better response to our testing program and left a residual knowledge which has gone far toward popularizing public health in Georgia. To many Georgians, this was their introduction to public health. This program of public information, by making the people more aware of symptoms than they had been, led to a much higher percentage of voluntary reporting.

Our three procedures—STS, public information and contact investigation—are a state-wide practice among our communicable disease investigators, public health nurses and other personnel working apart from the mass survey team.

During the seven short years we have used these intensive case-finding procedures in Georgia—in conjunction with effective schedules of antibiotic therapy—our backlog of noninfectious (including congenital) syphilis has all but disappeared. Our attack rate is much less than it used to be. The so-called



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C. S. Buchanan

minor VD's are no longer a major problem. The same case-finding procedures and the same antibiotic therapy have administered the coup-de-grace to the minor VD's.

Gonorrhea we still have with us.

In our early county-wide surveys in 1945 and 1946, approximately 18% of the cross-section of our population tested reacted positively to the blood-test for syphilis. Practically none was found to have had previous adequate treatment, and approximately 10% of the reactors had infectious lesions. Today, only 4% of the cross-section of our population tested react positively to the STS, less than 2% are new, untreated cases or treated cases in need of further therapy—and less than one in 10,000 is found to have primary or secondary syphilis. In miniature, selective surveys our communicable disease investigators, using two mobile units, find today about 10 times more primary and secondary syphilis and more than twice as much previously unknown and untreated syphilis.

As late as 1947 contact investigators brought to treatment less than 20% of our primary and secondary syphilis cases—and we located and examined fewer than 50% of our reported contacts. Today we locate and examine more than 85% of the contacts our patients name.

Contact investigators currently bring to treatment approximately 60% of our primary and secondary syphilis cases. These young college graduates, who have received special training in VD epidemiology and are vitally interested in their work, have successfully demonstrated that contact investigation specialists can effectively find cases of early infectious syphilis.

Analysis and change

When our daily patient load at Alto Medical Center dropped to approximately 75 patients, we found it necessary to close this 750-bed hospital since we can never again hope to fill its beds and maintain a syphilis caseload large enough to justify its operation.

In view of the past and present effectiveness of case-finding procedures and in view of our rapidly declining prevalence and incidence rates, we must evaluate our program and revise our case-finding and treatment programs according to current needs and demands.



Case-finding in taverns—no longer dependable.

With the closing of Alto Medical Center on September 30, 1952, it was obvious that we must ultimately return the diagnosis and treatment of VD to our local health departments. Very few of these departments are now equipped to do the job. We are setting up five outpatient diagnostic and treatment centers to serve those areas of the state without a local facility for diagnosis and treatment. These five centers are strategically located throughout Georgia, and patients from neighboring areas will commute by bus.

Since mass blood-testing on a county-wide basis is no longer productive of infectious syphilis nor of previously unknown and untreated syphilis of any diagnosis, we discontinued our mass survey program on November 25, 1952.

Our communicable disease investigators will continue to operate our two mobile units offering the same multiphasic tests as in the past in areas of suspected high incidence and prevalence until they have fulfilled present commitments. We could ill afford even this type of testing program if we were engaged in syphilis case-finding alone.

We have instructed our communicable disease investigators to return to the timeworn procedure of "rat row" testing and to forget about county-wide and community-wide multiphasic surveys as a method of finding syphilis. While we realize that this is not a new approach, our experiences at present lead us to recommend it as the only effective serologic testing program that will produce enough infectious syphilis to justify the operation. We feel this individualized and selective testing technique is still essential because of its complementary value to contact investigation.

Under present conditions contact investigation is a most effective case-finding procedure. As our attack rates continue to decline toward the point of control,

it is reasonable to expect that this technique will become more and more effective. In view of diminishing rates and diminishing budgets, we must think in terms of testing and dealing with individuals and their contacts and suspects rather than with the masses.

We in Georgia are convinced that our goal of syphilis control is within sight. We are further convinced that the days of our need for Alto Medical Center and the serologic testing of the masses of our people is past. We must now face the grim realities and apply our dollars and our efforts to those activities which will hasten with greatest economy and surest effectiveness the day of control.

Lest we sacrifice our gains

Today our greatest problem in accomplishing this aim is not syphilis but complacency. We recognize we must continue to fight with all our strength for years to come lest we lose the gains already made at so great a cost. We cannot control the incidence of syphilis through wishful thinking. We must continue to keep the vitally interested personnel needed to win the fight.

Infectious cases of syphilis and their contacts cannot be expected to gather in Duffy's tavern at nine o'clock on a Saturday night. Only the most effective methods can seek them out from among our total population. We cannot expect the T. Pallidum to read the press clippings of our remarkable achievement and call it a day . . . we may be sure that state lines, national frontiers and wide oceans do not constitute barriers to the T. Pallidum. So long as syphilis remains epidemic in any part of the world it is our problem and our responsibility.

The problem of controlling gonorrhea is still a challenge to all of us. We can and must apply our talents and our energies to this problem.

If our program of venereal disease control is to continue on an effective basis our federal, state and local governments must continue to give adequate financial support.

Finally, may I reiterate that complacency is the greatest obstacle between us and our goal? As sure as hell is hot, if we consider the battle won and permit ourselves to become complacent, we shall lose the victory now in sight.

Let the mothers in on it

Mother-daughter classes in family living

by Mrs. Margaret von Selle

As a parent turns to this page she may well think—"Haven't we heard enough about sex education? Surely there can hardly be anything new about this worn-out subject."

It's true we no longer need to argue about the rightness of teaching our children the truth about human reproduction . . . but experience shows we still have a vast number of parents who don't have the know-how, who are still completely floored when young ones insist on an answer to the simple question—"I know I came from your stomach, but how did I get there, Mommie?"

If parents have consistently evaded questions like this one, then they can expect a major disturbance in their relations with their nearly adolescent children.

As another parent turns to this page, she may object—"I thought this learning should be part and parcel of a child's life at home and in school." Let me admit here that in my career as a teacher of family life education to all types of adolescent girls in classrooms and youth groups I have always realized that my entrance into the picture as an interpreter of life is by no means the ideal solution for them. And so, with deep satisfaction I have watched the coming-up of a new crop of parents who are fully able to meet their responsibility adequately. They are young, enthusiastic, alert, well-educated and determined to do a good job with their children.

These, however, are still a very small and select minority . . . and the problem remains of helping the adversely conditioned mother and father as well as the teacher. How can we give them the necessary security and inspire them with that sense of mission which alone can give them the freedom and right to teach this most personal of all subjects?

The opportunity for a new approach in helping this group came to me quite accidentally. A smart and untiring mother consulted me as a counselor about some neighborhood children who had indulged in sex-play beyond the curiosity stage. She feared the effect of this experience on her nine-year-old daughter. At a loss to know how to meet the situation, she suggested that I teach her little girl. I pointed out that the individual, direct approach by a stranger might be more damaging than helpful to the child, and would be quite unnecessary in this case. Furthermore, this was not so much an individual as a group problem . . . there were other parents and other children involved who needed teaching.

On questioning the mother, I found that the little girl belonged to a Scout troop under excellent leadership. I realized that here might be my entrée. I suggested that I meet first with the mothers of the Girl Scouts and their leaders, who also had daughters in the troop, to acquaint them with my philosophy and get their approval. We scheduled this session on the regular meeting day an hour before school closed so that the mothers and daughters could meet for a joint one-hour class right after school.

When the day came all but two of the mothers gathered in the pleasant home of the leader. I had hardly finished a very satisfactory discussion with the adults when the little girls came hurrying in. We arranged to have them sit around me on the carpet, and their mothers took the chairs behind them. We spent three wonderful afternoons in sharing the stories of life and growth and love. An unseen bond grew around our "family" circle, as we were all about "Our Father's business."

Many pairs of eyes

I must confess that when I first faced this unusual audience, I was apprehensive about my own reaction to the eight pairs of mothers' eyes fastened on me. I wondered whether I could be sufficiently relaxed and at ease under the circumstances to focus all my attention on the children. But as I got ready for my approach, I was able to steady my nerves by remembering that whenever I had lectured to girls in the past their mothers had always been with me in spirit. There was only one difference in the present situation . . . the mothers had now become visible and were looking at me.

As I went along in the teaching and discussion, the girls did not seem to be aware of their mothers at all. From the start I had their complete attention and



full participation. It was delightful to sense the relaxed atmosphere. The girls responded with keen interest . . . and with reverence when we touched the deeper areas of thought and feeling.

Elated by the success of this experience, I was eager to make the same arrangements with other Girl Scout troops. In the course of time, I gathered some evaluations of their mothers' reactions and attitudes. They varied only in expression but never in appreciation. It is interesting to see how the mothers emphasized specific values gained through this novel approach. . . .

- "I think the plan of having mothers and daughters together and talking of human relations is very desirable. As a Girl Scout leader, I found in contacting the mothers that they were interested in receiving the same information as their children. It enabled them to talk to their daughters at the same level and also the daughters could talk to them more freely. I found this true in my own case."
- "The teaching is given in a manner which is within the grasp of the child's understanding. The mother's attending at the same time has a two-fold result: she is able to discuss the subject intelligently with her child because she knows the information the child has received and this in turn brings a closer relationship between the two."
- "Our Girl Scout group felt that teaching the mothers and daughters together was a great help. It made subsequent talks easier and more natural. The subject was presented from a spiritual rather than from a strictly medical point of view and with an ease that was an inspiration to mothers whose previous attempts had been inhibited and jumblingly inarticulate."

All this was most gratifying and gave me courage to venture further. From then on whenever I received a call from a school to give a course in family life education to 7th and 8th grade girls, I asked that the mothers be invited to participate in the discussions. In every instance school administrators responded immediately and enthusiastically to this new idea, and I could usually count on seeing four or five mothers in my classes besides the home-room teacher and other members of the teaching staff.

The older, the more self-conscious

Let me point out that these older school girls were far more aware of the presence of the adults than were the younger Scout groups. I therefore arranged that we would always have the last period to ourselves. The release is quite evident when mothers and teachers have left the classroom—the lid is off immediately and questions come hot and heavy. Only two girls out of three different groups have so far expressed any resentment about the arrangement. One

The Cincinnati Social Hygiene Society's educational associate, she shares her family tree with President Charles W. Eliot of Harvard, one of ASHA's founders. Born in Germany, she received her education at Simmons and the University of Pennsylvania.

Mrs. Margaret von Selle



suggested, "Have more time to ask questions without teachers and mothers around." The other said, "Have more time alone." Although this shows that the adults have an inhibiting effect on the older youngsters, I feel that the mothers gain so much that one might well put up with a little restraint on the part of the girls. The following statements from the mothers of 7th and 8th grade girls speak for themselves;

- "The most valuable feeling my daughter and I have received from the series is one of closer companionship. We have both achieved the ability and knowledge to discuss all phases of sex and its implications without embarrassment."
- "Very good, indeed. I could never express my thanks to you for explaining things to my daughter, who as I found out from questioning her, knew nothing or very little about the subjects you have so wonderfully discussed with the girls. It will help very much in the future to explain any questions to my daughter since we both heard the same teaching."
- "Thank you so much for asking the mothers to sit in on the lectures you gave the 8th-grade girls. I enjoyed them immensely. What a help and enlightenment these lectures would have been to me during my confused adolescent years! More power to you and to your good work."
- "As a foster parent I hope and believe it will help me to discuss the subject more clearly. Thus attending the same lectures has given me an opening for discussion with my daughter."

It may be argued that the percentage of mothers and daughters taught jointly in this fashion is so small that the whole plan is not truly effective in the school set-up. My answer to this would be that the opportunity is open to all. If the mothers will not or cannot avail themselves of it, at least the teacher has done

her utmost to create a setting that will meet the teen-ager's need for information and discussion as well as strengthen the relationship between mother and daughter.

The teacher a transient

Let us admit that the teacher is a passing figure, while the mother is permanent. The latter has to continue where the teacher leaves off. To encourage mother and daughter to join in the learning process is an attempt to bridge the gap between the two generations. We can well imagine mother and daughter eagerly getting into a discussion of some of the facts neither of them knew nor had heard of before they attend the course in family living. Their shared ignorance in this case may have a truly healing effect as it takes mother down from her authoritarian pedestal and at last gives daughter a chance to move up to the adult level and see her mother as a woman. Perhaps for the first time mother and daughter will go hand in hand in search of understanding, being drawn to each other in loving companionship, seeing and appreciating their own distinctive roles in the drama of human life and love.

The rewards

The mothers' evaluations give sufficient proof that this simple environmental manipulation—asking them to go to school with their daughters—can produce



*I can talk now
more easily
with my daughter.*

very happy results. Is it not worth the effort the teacher must make to overcome her tension that is created by the presence of mothers during her teaching? There can be no doubt that the teacher will eventually gain a deep sense of security as she feels she's part of the "family." There is also great satisfaction in seeing our philosophy borne out . . . that family life education is a family affair.

The younger the better

But we must keep in mind that our time is limited. As girls get into high school they will be less willing to have their mothers present while questions relating to sex, dating and marriage are being discussed in the classroom or elsewhere. In their growing need for independence they may sense a threat in this joint arrangement. Therefore we must seize the opportunity while girls are still looking to their mothers for knowledge and guidance.

I venture to say that the effectiveness of our teaching of family life to girls at the early teen-age level can be doubled by letting the mothers in on it.

*A little girl's
problem led to
the joint classes.*



Pigafetta and Alupalan in the Philippines

Did Magellan find VD there?

by Walter Clarke, M.D.

(continued from the January issue)

With my Filipino friends I sat on the sands of Mactan and thought about Magellan and Pigafetta and their tough comrades, and about Lapulapu and his people. Here were the same coconut trees, the same bamboo thickets, the same sea and sand that provided the setting for Magellan's *dénouement*. I pictured Magellan fighting in the same water, then bloodstained, that now rippled gently over the sand. Perhaps as he glanced toward his small boats out of reach offshore he saw in the morning light the white clouds towering above the mountains of Cebu as they were now.

The people attacking him were not savages. Far from it. They enjoyed a considerable degree of culture resulting from Hindu, Moslem and Chinese influences on people whose ancestors were Melanesians, Polynesians and Indonesians. They had a written language and in their houses the Spanish found many articles imported from distant lands. Their dialects and arts showed contact with India and China.

Chao Ju Kua, a Chinese geographer, writing in 1280, describes life on Luzon, largest of the Philippine Islands, then called Mayi. The period from 1270 to 1280 was, according to modern historians, one of active trade between China and the Philippines.

A brisk trade

Chao, who visited Luzon, said that when Chinese ships came to trade at Manila they carried goods for exchange. Native Filipino traders took them and went out to remote areas of Luzon and to other islands where they traded Chinese porcelain, gold, iron, vases, perfumes, leaden objects, glassware, colored beads, needles, silk, umbrellas and tin articles for the products of the Philippines—yellow wax or resin, cotton fabrics, natural pearls, tortoise shells, betel nuts and jute.

The Chinese ships and crews waited eight or nine months for the Filipino traders to return . . . ample time for prolonged contact between the Chinese from the mainland and the Filipinos in and around Manila and for the exchange of cultural impressions and any infectious diseases prevalent among them.

Chao notes that "in the thick woods of Luzon were copper statues of Buddha but no one can tell the origin of these statues" . . . they had been there so long.

Hindu influence began to touch the Filipinos not less than 2,000 years ago. Unlike the Moslem influence, which came to the Philippines about 200 years before the Europeans arrived, the Hindu religion was not established in the Philippines. Mohammedanism flourished in the southern Philippines and was well entrenched even at Manila when the first Spaniards arrived there.

According to Pigafetta and other early scholars, the people were in 1521, as they are now, small and of slight stature with brown skin, brown eyes and straight black hair. Their homes were built of nipa and stood on high stilts as they do today. The families slept on mats on the floor. Their food was rice, fish, bananas and coconuts. Their industry is indicated by the articles which even as far back as the end of the thirteenth century they were exporting to China and elsewhere.

In the particular area where Magellan landed, the people tattooed their skins in bright colors. Hence the Spaniards called them Pintados, or colored people. They enameled their teeth with black or red lacquer. Then into small holes drilled in the teeth they inserted gold pegs. The result was a shining golden spot on a black or red background, very handsome indeed. They loved gay colors and the women were "modestly dressed" in that they "covered their nudity."

The early writers noted that the women were "beautiful but unchaste" . . . Dr. Antonio de Morga, who had lived for eight years in the Philippines, asserted in one of the first books written about the Philippines, covering the period from 1493 to 1603 "the women are not very chaste, either single or married women, while the husbands, fathers and brothers are not very jealous or anxious about it."

Again Morga noted that "single women and marriable girls are people of little restraint and from early childhood they have intercourse one with another and mingle with facility and little secrecy without being regarded by the natives as a cause for anger. . . . The natives of the Islands of Pintados, especially the women, are very vicious and sensual," and "men are paid to ravish young girls." If this is found surprising he goes on to explain that "it was an impediment if any girl were a virgin when she married."

Miguel de Loarca, the king's auditor in the Philippines, wrote to King Philip of Spain in 1582, "The women do not hesitate to commit adultery because

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Walter Clarke, M.D.*





Philippine shoreline as Magellan might have seen it.

they receive no punishment for it. They are well and modestly dressed in that they cover all the private parts. They are clean and very fond of perfume."

Many wives, few children

He continued, "It is considered a disgrace among them to have many children for, they say, when the property is divided among all the children they will all be poor and that it is better to have one child and have him wealthy." "All the men," wrote Loarca, "are accustomed to have as many wives as they can buy and support"—and one might add, endure.

Pigafetta noted that the men loved cockfighting—as they do nowadays throughout the Philippines. Rice wine was commonly used as was also "tuba," the fermented sap of the coconut palm. Today tuba is a favorite beverage among the laboring classes. Both men and women chewed betel nuts—as they do now in some parts of the islands, especially the Moro or Moslem people.

Father Pedro Cherino, writing in 1604 after 14 years in the Philippines, complained about a "devilish doctrine" which he said was common in Luzon and which specified that no woman, whether married or single, could be saved in heaven who did not have a lover. "Consequently virginity was not recognized or esteemed among them; rather they considered it was a misfortune and humiliation." He cited an instance in which two Spanish soldiers staying overnight in a village were offered two women as part of native hospitality. The soldiers declined—Cherino says—on the ground that "they had not come all the way from Spain for that purpose."

As further evidence of the glamour of the girls of the time and place Cherino remarked that there were nearly 100 girls living "retired from life" in a seminary, who, if they ventured outside, "would risk and even achieve setting the world on fire."

In view of all this testimony as to the seductive beauty and availability of Filipino girls, we can conclude that Magellan and Bachelor Morales had con-

siderable difficulty in obeying the Spanish king's injunction not to permit Spanish soldiers and sailors to cohabit with native women—Cherino's two virtuous soldiers to the contrary notwithstanding.

Whatever communicable diseases the Filipinos on the one side or the Spanish conquerors on the other had would have been interchanged and would have spread in a few decades over the islands, as the Spanish rapidly extended their conquest from the Sulu Islands in the south to the northern capes of Luzon and imposed Christianity and Spanish rule on the people as they went.

The native population had its origins in areas where yaws was prevalent and still is today. The cultural influences from India, the Malay peninsula and China were borne to the Philippines by large numbers of traders, fighting men, missionaries. Inevitably they carried with them not only ways of thinking and doing and articles of commerce, but also the communicable diseases prevalent among them.

Undoubtedly yaws was one of these diseases. Medical historians and anthropologists believe yaws originated in central Africa, went with migrating people, slaves and others, to the north of that continent, across the several bridges into Europe, into the Near East, to India and China, and down the Malay peninsula to the East Indies, island-jumping with the people from Sumatra and Java to Borneo, the Spice Islands and the Philippines. So yaws came to the Philippines with the early migration of people from the mainland over the island bridges and narrow stretches of water easily crossed in small boats.

Yaws and syphilis

While the disease was limited to humid tropical areas, it maintained characteristics which depend on moisture, heat and complete lack of personal hygiene. When introduced into the temperate climate of Europe, where people were clothed against cold and where gradually they learned the blessings of soap and water, the disease changed its character. It retreated to moist, warm areas of the body, especially the genitals, and then spread by sexual contacts. In other words, it became primarily a "venereal" disease.

It also became a more serious disease, attacking the central nervous system and cardiovascular system of its victims and acquiring the ability to pass from an infected pregnant woman to her child before birth. Where yaws evolved in this manner it was called syphilis. The two diseases or, if one prefers, the two forms of the same disease could exist side by side. There is evidence of syphilis as well as yaws among the populations of most humid, tropical countries today.

The pale spiral organism which causes yaws is called *treponema pertinue*. The pale spiral organism which causes syphilis is called *treponema pallidum*, but under the modern microscope they cannot be distinguished one from another. They are said to be "morphologically identical." Both diseases give positive reactions to the same blood-tests.

In recent years physicians have classified yaws and syphilis—and certain other diseases caused by treponemes which under the microscope are indistinguishable from the causal organisms of syphilis or yaws—under one general name which includes them all and recognizes their common ancestor. That name is "treponematoses," i.e., diseases caused by treponemes.

Pigafetta refers to a disease among the Filipinos and East Indians which the Spaniards called bubos or French pox and which the Filipinos called alupalan. (Bubos and French pox to Europeans of the 16th century included yaws, syphilis and three or four other common "venereal diseases" which physicians of that time could not distinguish one from the other.) Pigafetta wrote that alupalan was prevalent throughout the islands but "nowhere so common as on the Island of Timor," an island of the East Indies.

Loarca wrote that the island of Cebu was "beautiful and had a good climate" but "most of the inhabitants are always affected with itch and bubos." The neighboring island of Panay was, wrote Loarca, "prosperous and clean" and the natives declared they had never had bubos until people from Bohol came to live with them. The Bohol migrants said they acquired bubos from men of the Spice Islands, who, having turned pirates, frequently raided the villages on Bohol.

This is a credible story and in accord with the supposed route by which yaws was introduced into the Philippines.

An amateur anthropologist

Syphilis and yaws often leave telltale marks on the bones of their victims. In the anthropological museum of the University of the Philippines in Manila are hundreds, perhaps thousands, of bones of Filipinos dead 1,000 to 1,500 years before the Europeans led by Magellan arrived in the Philippines. Skeletons of



A typical scene with the water buffalo or carabao, Philippine beast of burden.

these ancient inhabitants were found still resting in a crouching position in the huge earthenware burial jars in which they were placed after death. Studying the earth over these jars and the artifacts or products of primitive art within them, anthropologists have fixed the age of the skeletons at about 1,000 to 2,000 years. The bones, many of which are well preserved, have never been studied by a medical anthropologist.

So—admitting my amateur standing but recalling the many specimens of syphilis of the bones I have studied in American and European collections—I requested and obtained permission to examine a considerable number of long bones, crania and teeth of the pre-Spanish Filipinos.

I found a tibia which could have been what we call a "sabre tibia." Viewed from the side its forward edge was bowed toward the front. This condition occurs frequently in congenital syphilis. There was also an old cranium with greatly thickened frontal or forehead bone. This effect called "bossing" is seen in congenital syphilis.

If I could have found the type of teeth we call Hutchinson's teeth, I could have been certain that the pre-Spanish Filipinos had congenital syphilis. This deformity occurs in the upper incisors of the second dentition. The affected tooth or teeth are notched at the cutting edge and narrower there than at the gum or base. This characteristic tooth does not occur in yaws but only in congenital syphilis. After examining hundreds of teeth I found a notched upper incisor, but it was not distinctly narrower at the cutting edge than at the base.

The bone markings of yaws are less characteristic than those of syphilis, and in specimens as old as those examined nothing diagnostic could reasonably be expected. The bones therefore gave me no conclusive proof but only suggestive evidence of the presence of syphilis among the ancient Filipinos.



Standing on the white sands of Leyte at a tiny barrio or village called Palo, I looked eastward across the gulf. There to the right was the southern extremity of Samar, emphasized by a 1,500-foot peak near the shore. Further south lay the smaller island of Homonhon, where Magellan had first touched the soil of the Philippines. Beyond them is the blue expanse of the Pacific. To my right and left the beach curved in a great white crescent. Behind me lay the poverty-stricken island of Leyte, frequently devastated by typhoons, permeated with diseases that sap the vitality of its inhabitants.

It was on this beautiful beach that the Americans began to liberate the Filipinos from the strangling grip of the Japanese. A few miles from here medical scientists from the Philippine Department of Health and the World Health Organization now are endeavoring to liberate the Filipinos from yaws, that ancient curse which the Spanish called bubos and which Pigafetta found the natives calling alupalan.



A happy people, they live simply.

As yaws is primarily a disease of rural people, we drove in a jeep deep into the interior of Leyte along roads at first quite good then degenerating into wretched tracks through the mud, to a remote barrio with its clusters of nipa huts. These are built on high stilts to keep the occupants above the floods which every year inundate much of the low lands and to provide for pigs and chickens a shelter from the violent rays of the sun.

The small, one-room huts through which breezes freely blow are occupied by the families of poor farmhands—father, mother, many children, grandparents and any other relatives sleeping naked, spoon fashion, on floor mats. Their diet is rice, bananas and coconuts occasionally supplemented by dried fish. On special occasions they may have a little roast pork.

Not sexually transmitted

Whatever infectious disease afflicts one member of the family is impartially distributed to others—old and young—by contact. The young acquire yaws, grow up with it, spread it to other members of their family and to playmates as they tumble about under the coconut trees. If grandparents, the most respected members of the family circle, have yaws sores on their hands, they infect the children, who must kiss Grandma's and Grandpa's hands at every meeting. The mother with yaws infects her babies.

Thus yaws, unlike syphilis, is not a venereal disease spread by sexual relations, but a disease usually acquired in childhood by contact. It is not, like syphilis, transmitted from infected mother to her infant before its birth.

It is a disease of rural people living in hot, moist climates in which the causal organism—which is so like that of syphilis that one cannot differentiate between them—can live in the discharges from the huge sores caused by the disease. In contrast, the causal organism of syphilis cannot live more than a few seconds outside the living tissues of man and a few experimental animals.

Pigafetta and other early Philippine historians described living conditions which in most important particulars closely resemble those one sees today among the isolated rural people of the islands . . . the crowded nipa huts, pigs and chickens, the rice and dried fish diet, the bananas, the coconuts, the patriarchal form of society, the likable, gay, carefree people, whose ability to resist and willingness to fight persistently for anything they prize must have surprised Magellan and later conquerors.

We visited the homes of yaws patients, saw children with yaws in a tiny one-room school, examined a crowd of infected men, women and children at a treatment center. All were cheerful. There is little pain and no social stigma associated with yaws. In certain areas of Leyte, Samar and many other islands of the Philippines, and in Indonesia and adjoining lands, among rural people "everybody has it."

But to the western eye the victims of yaws present a pitiful sight with their burgeoning sores and the subsequent scars and disfigurement.

Yaws, the putative ancestor of syphilis, is common among the rural people of the Philippines but rare among the city dwellers, called the "washingest" people in the world. It is a disease simple to diagnose and easy to treat by modern methods. Blood-tests—the same as for syphilis—and clinical examination suffice quickly to establish the diagnosis. By microscopic examination the treponema can be found in discharges from the oozing sores. Penicillin, used also for the therapy of syphilis, quickly cures almost every case of yaws.

Diagnosis and treatment, however, are only a part of the task of eradication and the easiest part at that.

Treatment difficulties

The afflicted commonly live long distances from any source of medical care, often several days' journey on foot or by carabao. When a yaws treatment center is in their neighborhood the patients, who are mostly children, may not attend because they have no clothing to wear. About their own homes children can and do run about stark naked, but if they must go to the barrio they feel the need to wear a clean cotton shirt and pants or skirt.

We stopped at an isolated cluster of huts to learn why a boy of seven with yaws had not returned for treatment at the center. The mother explained that the patient shared the shirt and pants with his eight-year-old brother. The latter had to go to school, so of course he had priority on the garments. Another

patient 10 miles from the treatment center had not come for treatment because she lacked 20 centavos—about 10 cents—for the weekly bus fare. Another mother could not bring her baby for treatment because she had to work all day in the rice paddies.

Thus poverty and ignorance, which have always existed in tropical countries where yaws has flourished, stand in the way of the eradication program, which can succeed only to the extent that infected individuals receive penicillin.

If Bachelor Morales ever reached the Philippines he would have seen yaws and called it bubos or French pox as the Spanish did. If, as is likely, members of his crew acquired yaws or alupalan, Morales might have prescribed mercury, which would have been good therapy for that time, the best that Europe had to offer in 1521. But Morales would not have been troubled with any doubts as to whether he was dealing with yaws, syphilis or any particular venereal diseases. Bubos and alupalan comprehended all of them without distinction.

Neither dusty bones of Filipinos dead a thousand years nor tattered ancient records answered unequivocally the question I asked of them: "Did Magellan, Pigafetta and Bachelor Morales when they waded ashore at Homonhon, Cebu and Mactan find syphilis among the Pintados? The old bones say, "Maybe." The old pages say, "Bubos or alupalan was there," and they ramble on with information indicating that yaws or syphilis or both could have arrived in the Philippines from China or Indonesia centuries before Magellan. Perhaps this is all we should expect of scholars of that day when even modern medical writers do not agree that syphilis and yaws are one disease or two.

CREDITS

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Are people allergic to penicillin?

Reactions in venereal disease clinics

From time to time, reports of severe and occasionally fatal reactions to penicillin appear in medical literature frequently suggesting that such responses are increasing in incidence, as Drs. Feinberg and Moran intimated in the May 9, 1953, issue of the *Journal of the American Medical Association*. The subject is certainly one of great importance to all physicians and to the patients they treat.

It is well known that penicillin, because of its demonstrated effectiveness and its easy administration, has supplanted earlier treatment methods of several serious diseases. In the management of syphilis and gonorrhea, for example, penicillin therapy has gained almost universal acceptance among physicians in the United States. Since it is the keystone of our present venereal disease control program, a significant upswing in the incidence of severe reactions to penicillin would have a serious impact on our work.

Kitchen and associates, as they related in the November, 1951, issue of the *American Journal of Syphilis, Gonorrhea and the Venereal Diseases*, subjected the problem of penicillin reactions to a three-way study from 1947 through 1950. They concluded that in spite of a vast increase in the use of the drug the number of reactions had remained low. One approach of these investigators was to analyze the relationship between the reported total reactions and the total production of penicillin. Their findings indicated that, instead of increasing, the incidence of reactions was declining impressively.

Our experience in venereal disease clinics operated as part of the national venereal disease control program bore out this conclusion. From July, 1946, through June, 1950, 185,577 cases of venereal disease were treated in 36 rapid treatment centers with aqueous penicillin, penicillin in oil and beeswax, or procaine penicillin. Of that number, 578 reactions to therapy were reported . . . a rate of 3.11 for every 1,000. In only two of all these cases did a reaction to penicillin result in death.

In contrast, the rate of severe reactions encountered during the same period with combined penicillin and arsenoxide therapy was 12.56 for every 1,000, in 156,294 cases treated. Eighteen patients treated with combined therapy died.

No recent deaths

More recent data from the clinics indicate a declining incidence of reactions. Of 70,037 cases treated with the drug in 12 public health facilities in as many states during 1950-1952, only 56 had severe reactions. The rate was 0.8 for every 1,000 cases treated : . . and there were no deaths.

There is, of course, some risk to penicillin therapy. Untoward reactions are observed, and it is our impression that these occur possibly more often in private medical practice than in venereal disease clinics and more often than published reports indicate. From a study of our clinic data on severe reactions, we have supposed that abandonment of penicillin in oil and beeswax, the use of more highly purified penicillin and the adoption of procaine penicillin compounds accounted for the decline in incidence.

Various suggestions attempt to explain the difference between private and VD clinic practice in frequency of penicillin reactions. There is the suggestion that the clinic patient is seen less frequently after treatment than the patient of the private physician, so that a minor reaction in a clinic patient may be missed. Through 1951, however, a minimum of one week was required for completion of the penicillin schedule in the clinics. That period would be ample for observation of certain manifestations of allergy. But anaphylactic reactions to penicillin, and deaths when they occur, do so within a short time after the drug is administered. It is, therefore, hardly possible that these reactions could pass unnoticed and they could certainly be observed with equal facility in either group.

There is also the suggestion that—assuming allergic reaction to be a function of previous experience with penicillin—the usual VD patient has been less frequently exposed to the drug and consequently has had less opportunity to



*How does private practice
compare with clinic practice?*

*Let's look sharply
into the reasons for
penicillin allergy.*



become sensitized. This suggestion takes into account the fact that our clinic patients are generally poor and thus often lack the money to obtain medical care in minor illnesses for which penicillin might be given. In view of the appreciable number of repeaters in VD clinics, however, it is questionable whether lack of previous exposure to penicillin is the only factor involved in the relative infrequency of severe reactions in this group of patients. Further study of the problem to identify the causes of allergic response to penicillin would seem to be in order.

More discrimination

The danger of sensitization as a result of repeated dosage strongly suggests that a more judicious use of the antibiotic is needed. Understandably, both physicians and patients have relied upon it heavily for all manner of ailments, many of them trivial. Nothing in our experience, however, indicates that there should be any lessening of our aggressive use of penicillin in venereal disease control. Syphilis and gonorrhea are *serious* diseases, and in no way fall within the category of "trivial conditions."

In our venereal disease clinic practice, we shall continue to maintain a careful lookout for an increase in the incidence of allergic reactions to treatment. So far, however, we feel that the record on these reactions is satisfactory and warrants no change in the program of treating cases and contacts with penicillin.



Recreation in industry is good social hygiene

by Philip R. Mather

Industry's concern with men and women, and its ever-growing awareness of their physical, mental, emotional and spiritual needs, parallels—indeed, is now inseparable from—industry's concern with profits, research and expansion. For industrial growth depends upon men and women . . . while at the same time it increases their security and well-being and enables them to realize their aspirations. Industrial growth relies upon and benefits men and women not only in industry but in the community and the nation. Industrial growth, in America, means the difference between a balanced national economy in a socially stable country, and the chaos of unemployment with its threats to the integrity of the individual, the family and the nation.

Modern industry's recruiting, employment and training practices, its worker-management relations and public relations that *start* in the plant, its health and welfare programs, its production and safety incentives, and its industrial recreation programs reflect the humanistic philosophy behind enlightened leadership.

Industry today recognizes a worker as a totality—a body, a mind and a spirit. It realizes that the worker leaves no part of his total makeup at home when he reports on the job. It recognizes too that money invested in salaries, bonuses, health insurance, pensions, plant improvement, safety equipment, and industrial recreation pays dividends in production, accident prevention and morale that bear directly on the growth of American industrial life.

Straight facts

Industry's deepening insight into the nature of the employee and his needs is not a visionary, impractical humanism. While surely more altruistic than selfish, industrial humanism honestly and practically recognizes that . . .

- production accelerates or lags in relation to people, not machines
- safety depends upon the mental and physical health of employees
- morale boosts or lowers profits, stimulates or retards initiative, and is reflected in company climate and in public opinion.

Industry's humanism is rooted in industry's acceptance of its own proper goals . . . not only legitimate profits and expanded enterprise but the national welfare, economy and stability.

The social hygiene movement is more closely related to industrial interests than many industrialists realize. For it is concerned with a basic human problem . . . the effective management of the sex impulse. How each individual understands and copes with his sexual drive and how he controls or is controlled by the emotions that urge him toward sexual expression—these are intimately related to his mental and physical health and to his character and integrity. Upon his ability to manage his sexual drive depends to a large extent his ability to use his total personality to win personally and socially worthwhile goals and to contribute to his community and country.

We can no more say that what an individual does about the sex impulse is his own business than we can say that taking narcotics is a man's own affair.

Misuse of the sexual endowment creates staggering social, medical and industrial problems—venereal disease, exploitation of young men and women by prostitution and related vice rackets, loss of self-esteem, broken homes and divorce, illegitimate births and criminal abortions. The emotional immaturity of the sexually promiscuous person often manifests itself in poor performance on the job and in unstable relations with his supervisors and co-workers.

This is not pious moralism. It is practical fact. It conforms to the hard-headed judgment of one of America's greatest enterprises, the insurance business.

Insurance companies—who long ago learned that the philanderer, the adulterer, the man or woman with a record of chain divorces, may be as great a risk as the alcoholic, the drug addict or the organically diseased—spend millions of dollars annually in investigating the moral standing of prospective policyholders. Most companies refuse or "rate up" policies where there is reasonable belief that sexual immorality may result in physical illness, severe emotional strain, the violence that is often associated with illicit relationships, or the irresponsibility that may cost jobs and hence affect the policyholder's ability to meet his obligations.



Recreation for the whole family

Taking the same clear-sighted view, industry cannot afford a *laissez-faire* policy regarding the way employees—industry's true dynamos—manage the sexual impulse. Any plant manager, personnel supervisor or foreman can attest to the reliability of the worker who is sexually responsible and has directed his sexual energies into creative, satisfying marriage and family relations. This is the person who works with his personal and family goals in the forefront of his mind. Having accepted responsibilities in one of the most important aspects of life, he accepts the responsibility of his job with equal maturity. The same adult responsibility pervades his relationships with his co-workers, supervisors, friends and community.

Married or single—or headed for marriage—the person who accepts total, mature responsibility for the place of sex in life is more than just a dependable employee. He is essential if industry is to realize its economic, social and patriotic goals.

Industry's interests and sex

Can industry afford to overlook the implications of social hygiene's concern with a person's management of his sex impulse . . . especially when these implications bear on three of industry's major concerns—production, accident prevention and morale?

What of the relationship between production and the employee's total adjustment—including the sexual? The man who is uneasy about his sexual behavior (fearful perhaps of venereal disease, of an irate husband or of out-of-wedlock paternity) is bound to be distracted and worried on the job. How many laggard hours of production in industry each year, do you suppose, can be attributed to the combined factors of employees' sexual problems and prevailing notions that promiscuity is a person's own business and that there's nothing you can do about changing morality?

What about accident prevention and social hygiene? Is not the worker who is beset by a sexual tangle an actual or potential hazard to himself and others? May not the employee whose family life is disintegrating become careless of safety regulations? And what of the hazard to himself and others, lurking in the syphilitic heart, brain and spinal cord of a man who may not even know he has the disease? What are the costs in health, in insurance rates, in human life, that can be attributed to the men and women whose sex education was warped or neglected in childhood, whose attitudes toward sex are at variance with our moral and ethical codes, and whose sexual-emotional problems make them tragically accident-prone?

Morale in industry

What about the relationship between morale and social hygiene? Morale affects the whole life of industry, yet it is the rare employer who recognizes the direct relationship between effective management of the sex impulse and morale. But the same emotional immaturity that makes for sexual promiscuity makes for uncooperative job attitudes. The same immaturity that causes a person to exploit others sexually (or submit to exploitation) often shows up in the job in his exploiting the generosity and good will of his co-workers. The same immaturity that seeks alleviation of insecurity and inadequacy in promiscuous sex relations often manifests itself on the job in discontentment, self-pity and feelings of persecution.

The petty quarrels, the abraded feelings, the genuine resentments created by a co-worker's exploitation of good nature and especially the epidemics of dissatisfaction that often undermine years of morale-building effort need a fresh view against the backdrop of social hygiene.

But management of the sexual impulse is not something we can think of as static. Few human beings attain total maturity in all aspects of their lives nor are they ever entirely free from the temptation to lapse into immature behavior, sexual or otherwise. Moreover, fatigue, boredom, loneliness and lack of opportunity for wholesome self-expression often sap a person's moral resistance. They may even cause him to seek relief in illicit sexual activities.

Young people—industry opens its doors to thousands of them every year—face special problems in gaining full control over sexual drives at the very period of their lives when these are most imperative. Yet attitudes and habits developed during adolescence and youth are vital to the future. They may make the difference between the young person's becoming morally and emotionally adult (and therefore of maximum value to his family, to industry and to the nation) or living always below his own finest capacities.

Industry has a stake in social hygiene. It has a role to play in encouraging those educational, cultural and recreational activities among employees that will—along with other benefits—promote responsible attitudes toward marriage and family life. Industry has a role to play in offsetting such deterrents to



*How many join
in employee
recreation?*

mature sexual management as monotony, fatigue, boredom and lack of social contact. Industrial recreation can surely meet—and beat—the competition of brothels, disorderly bars and taverns, and sidewalk “chippies.”

Broadly conceived, democratically planned and adequately financed industrial recreation is not a dream. It already exists in hundreds of companies throughout the country. But until adequate industrial recreation reaches every employee, the job is far from done.

No panacea

The value of recreation in the physical, emotional, social and spiritual development of people has long been recognized. Recreation cannot cure all ills nor solve all human problems. (Indeed, recreation leaders are the last to claim they have discovered the universal remedy for mankind's many ailments.) But since the pursuit of happiness is our inalienable right because it is integral to the very nature of man, recreation is surely a basic direction-finder in our search.

The question for industry is not merely—will industrial recreation improve job performance, lift morale, create good fellowship in the plant and reduce fatigue? It is—will industrial recreation help men and women toward maximum self-fulfillment in all aspects of their lives, will it help them to choose those paths to personal happiness that will enrich them and their fellow men, will it build the character reserves of our country?

Industry's recognition of the importance of recreational programs is scarcely new. Apparently, it parallels rather closely the rise of organized recreation services in this country. But extensive industrial recreation did not become a reality until somewhat recently.

When long hours and fatiguing, unrelieved and monotonous work were characteristic of industrial employment, employees were in the main apathetic

to programs for which they lacked energy and initiative. When labor and management tended to regard each other as hereditary enemies, managerial interest in recreation must have seemed to many employees just one more evidence of paternalism.

Both had much to learn about each other before industry's leaders and industry's workers could agree that health, welfare, education and recreation involved the common interest and demanded joint thought and enterprise.

It should be said, however, that the evidence favors management's having made the earliest overtures toward group recreation. And it should also be noted that industry intuitively—or with prescience, perhaps—encouraged family participation, a desideratum now coming in for more and more emphasis among recreationists. The annual family picnic or river excursion and the family Christmas party were already a tradition in many companies at the turn of the century.

By 1947 the *Wall Street Journal* was able to report 20,000 companies having active employee recreation programs, in which 24,000,000 employees were participating. In just the preceding eight years there had been a 42% increase in the number of companies sponsoring such programs, and in 1947 expenditures by both industry and its employees amounted to \$163,000,000 annually.

In 1949 the National Industrial Conference Board's study of 264 plants and offices having recreation programs revealed that the employee invested each year as a median figure from \$2.00 in companies employing over 5,000 people to \$10.00 in companies employing 500 or fewer. Few employers carried the entire cost of recreation, but practically all participated to some extent.

What are the trends?

In 1950 Dr. Jackson Anderson of Purdue University, director of research for the National Recreation Association, noted some significant trends in industrial recreation . . .

- greater community-company cooperation, tending to lessen duplication of programs and provide a wider variety of activities for industrial workers
- increased recognition of the need for industry to employ more trained recreation personnel
- more extensive participation by workers in the administration of recreation programs

In less than fifty years—during many of which misunderstanding and distrust impeded developments in recreation—industrial recreation grew up. It is a tribute to both industrial and employee leadership that these thousands of

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Philip R. Mather



programs have come into being and that so many of them offer such a wide variety of activities for workers and their families.

Yet the job is far from complete. Heavy industry, construction and building, mining, small plants and retail stores still need to emphasize industrial recreation, despite several notable examples of excellent programs among these business groups. But the challenge to industry does not lie only in expansion. It lies in the changing American industrial scene and in the inescapable fact of long-term national defense.

Employees are still migrating to the tight labor markets. Industry is being developed in our deserts and in hitherto largely agricultural areas. Communities only mildly touched by industry 10 years ago are becoming minor-league Pittsburghs and Detroits. The number of teen-age and female employees may increase should we be forced to resume hostilities or find ourselves in the dreaded—but not inconceivable—position of fighting a full-scale world war.

Industry must move now to meet needs for industrial recreation with speed and flexibility. Periods of emergency step up human problems, many of which can be met by sound, inclusive recreation programs. Unattached men living in barracks, families crowded into trailer courts, men and women temporarily unemployed in communities where there is a manpower surplus, young people away from home on jobs for the first time in their lives, and workers on those shifts that usually get least recreational attention . . . all call for our best recreational planning.

The alternative

This country cannot afford to increase its social hygiene problems. We cannot afford a rise in venereal disease, a possibility that penicillin cannot prevent. We cannot afford a further increase in broken homes and divorce, nor in sexual delinquency, nor the moral and emotional toll exacted by prostitution. We cannot afford an upsurge in the personally, industrially and socially destructive effects of promiscuity. America's strength lies in the resources within her manpower—not in her manpower resources.

American industry already knows the morale-building values of recreation. We know that recreation shared by the family is close to the concerns of employees and is a vital factor in employee-management relations. American industry no longer doubts that mental, social, emotional and spiritual health result from recreational programs that provide channels for creative and aspirational expression along with those that offer physical and social expression.

As we plan for the future and as we view the future's changes in the American industrial scene, industry can and should lead in new or re-engineered industrial recreation.

Our task

We need to examine and reevaluate existing programs according to:

- the extent to which employees participate not only in industrial recreation but in the administration of recreation
- the variety of educational, cultural, physical, social and creative opportunities
- the changes in adjacent communities that may lessen or increase the need for recreation facilities
- the suitability of recreation programs to changing age and sex distribution of employees.

We need especially to be aware of the changing national scene and to develop or intensify recreation programs in areas of new industrial development, increased industrialization, shifting industrial need and changing industrial output. As industrial recreation reaches deeper into the life of American communities, we need to consider the contribution that industry can make through community-industrial programs to the men and women serving the country in military installations nearby.

We need to be sure that industrial recreation opportunities are those that employees want and that offer them the broadest possibilities for self-fulfillment. We need to ask ourselves whether industrial recreation, as planned in company after company, really deters employees from degraded and unwholesome recreation and really contributes to each person's search for happiness . . . happiness built upon personal, social and moral foundations.

Finally, we need to be sure that industrial recreation programs strengthen the aspirations of employees toward fine home and family life—America's motive power in war and in peace.



The Young Woman's Role in National Defense

*Fifth of a series of chapters from
Preinduction Health and Human Relations,
new curriculum resource for youth leaders
by Roy E. Dickerson and Esther E. Sweeney.*

For the Instructor

This material is largely a supplement to *The Young Man and the Armed Forces* since women in the services have equal opportunities with men, as well as many similar problems. Hence, after discussing the young woman's role in national defense, the instructor will find it helpful to develop the specific topic of women in the services around the content of both chapters. Particularly adaptable in *The Young Man and the Armed Forces* is the material on personal, educational and vocational opportunities in the services and on the opportunities for self-realization.

Instructors can make an especially valuable contribution to young women by helping them to realize that they should seek guidance and counseling before they embark on a career either in defense industry or in the Armed Forces. While all young people can benefit from sound guidance, girls have more opportunity than boys of deciding about entering the Armed Forces since their enlistment is voluntary, and may need help in arriving at their decision.

While both boys and girls may need guidance about working in defense industries in communities away from home, it is important to emphasize to girls especially the value of counseling services on such questions as working on late shifts, living under conditions affording little privacy, and other even more difficult problems.

In World War II millions of young men and women demonstrated their readiness to respond generously and courageously to national needs. Today's young people are no different. But now, as then, guidance personnel must weigh such factors as health, immaturity and instability in counseling those who want to enter industry in overcrowded, mushrooming defense areas. Since industry's screening is not always refined, it is up to the school to supply guidance in advance.

While the women's branches of the Armed Forces are equipped to screen prospective enlistees, young women will have fewer disappointments, and save time and effort, if they use counseling services before enlisting.

For Use with Students

National defense program . . . the words summon up the picture of women in World War II, in uniforms or in work denims and headkerchiefs. Yet millions of women played their part in national defense at typewriters and calculating machines; as teachers, nurses, Red Cross volunteers; in USO clubs as junior hostesses (after a full day's work or more); in department stores, on trains and in a thousand and one jobs that kept the country running. Millions of others—young wives and mothers—carried on the jobs of homemaking and parenthood, often in loneliness and fear, while their husbands were overseas.

Every young woman has a contribution to make in the current period of national emergency. How and where she can best contribute to national defense must be her own decision. Much depends upon the circumstances of her life—whether she is now engaged or expects to be shortly, whether she has home responsibilities, whether her physical health and development are equal to the job she may want to do, whether she feels she is yet mature enough to go away from home into defense industry or the Armed Forces. Not everyone is thoroughly grown up at 18, nor is it a disgrace to be less mature than other people of the same chronological age . . . a girl's *efforts* to attain maturity are what count. But maturity is an important factor in deciding how best to serve.

She need not make the decision alone. Guidance counselors, parents, her clergyman, older friends who know her well and in whom she has confidence can assist a girl in weighing the pros and cons, in assessing her personality, skills, adaptability and readiness for one type of job or another. The final decision must be her own, but others can help her evaluate the best course for her to pursue.



Learning to work harmoniously with other people.

*A trained
guidance
counselor
to help
a girl
decide.*



Women in Uniform

In World War II women won ribbons, medals and commendations for outstanding service to their country. They earned the respect of the men with whom they served and recognition and appreciation from their fellow citizens. Most important of all, they voluntarily added themselves to the manpower pool, enabling the nation in time of grave danger to do a job that could not have been done without them.

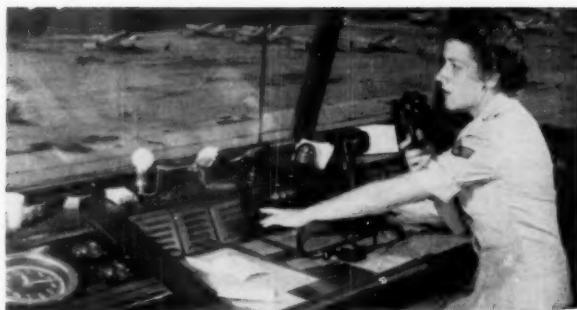
Today all the military services have women members . . . the WAC, the WAVES, the WAF and the Women Marines. In addition, there are the several nurses' corps and the women's medical specialist corps.

Everyone has seen and admired these young women in uniform. It is a tribute to the ability, loyalty and devotion to duty of women in the Army, Navy, Air Force and Marine Corps during and since World War II that the Department of Defense is now calling for many thousands more. The whole nation recognizes women as an important factor in America's manpower.

"Women represent our greatest reserve of manpower" and the Armed Forces look to them to take an integral part in the job to be done. The services must have women, not necessarily to replace men for combat but to fill some of the 450 types of jobs open to women in the services . . . jobs necessary to the defense of our country, jobs which otherwise might not get done.

It is clear that the Armed Forces regard "womanpower as the vital link in our country's defense."

*Womanpower—
vital to our
defense needs.*



Military Service as a Career for Women

Military service offers a career of many satisfactions to a woman . . . worthwhile work for the nation's security, pride in the great traditions and achievements of the service she chooses, personal pride in meeting the high standards of intelligence, health, character and competence required by the women's services.

Service in the Armed Forces gives a young woman many opportunities for personal development. Through new contacts with the men and women of her own and other services, she learns to live and work harmoniously and effectively with others. The self-discipline and initiative fostered by a military career serve her well all her life. And the educational advantages, both academic and professional, offered by all services contribute further to personal growth.

Military service also offers the chance to do responsible and important work and to advance according to individual capacity. It enables one to travel, both in the United States and abroad, and to profit by the broadened vision and experience usually gained from travel.

The advantages carry over into civilian life. Women who have served in the Armed Forces are more and more in demand by civilian employers. In industry, in the professions and services, in education and in community activities the former servicewoman has proved that she is more thorough and dependable than the average woman . . . more alert, more willing and better equipped to accept responsibility or carry out orders.

In addition, former servicewomen bring to their civilian careers the benefits of the specialized technical training they received during their service careers, training which can often be obtained only in the Armed Forces.

Because service in the Armed Forces is not only a career in itself but a preparation for other careers, a young woman should explore fully all the implications of entering one of the services. Some may wish to enlist imme-

diately after completing high school. Others may realize that by continuing their education they will have more to contribute when they enlist later. The services encourage girls to complete their education before enlisting, particularly if they want to be specialists or go into a profession.

On the economic side, service in the Armed Forces offers women pay equal to that of men in the same grade; free housing and meals on the post or an allowance to those living off the post; a clothing allowance and smart and distinctive uniforms for all temperatures and weather; free medical and dental care; 30 days a year of paid vacation; insurance; liberal retirement pay after 20 years' service; and an opportunity for acquiring savings and financial security.

A woman enlists for a limited number of years, after which she may elect either to return to civilian life or to continue in the service. Whether her years in uniform are few or many, a woman finds her military career an exciting and challenging experience rich in rewards of many kinds . . . a great adventure.

Class Activities

- Panel discussion (two boys and two girls): "Should parents and boy friends encourage or discourage a girl's entering military service if she wishes to do so?"
- Panel of several uniformed women representing the various services: "The advantages to young women of enlisting in the Armed Forces."
- Exhibit of recruiting posters and pamphlets issued by the WAC, WAVES, WAF and Women Marines.

Class Discussion

- Name five women who decisively influenced the world in which they lived.
- Are women as patriotic as men? Name five women who have notably demonstrated patriotism.
- Are women as brave as men? As intelligent? As responsible? As self-reliant?
- Do women adjust to new situations as readily as men?
- Are women capable of accepting discipline?
- Do women keep their heads in emergencies as well as men?
- Are women as honest in facing facts about themselves as men?

- Are most women able to work as well with members of their own sex as they are with men?
 - If your sister or girl friend wanted to enlist in one of the services, would you encourage her or not? Why?
 - Cite evidence to support the statement: "Women are as well able as men to carry on under adverse conditions and to endure hardships if necessary."
 - Why is the woman on the home front important to national defense?
-

References and Visual Aids for use in programs on Preinduction Health and Human Relations

On Social Hygiene

For Teachers

Books

Home Study Course, Social Hygiene Guidance, Roy E. Dickerson, Los Angeles, American Institute of Family Relations, 1947.

Human Venture in Sex, Love and Marriage, Peter Bertocci, New York, Association Press, 1949.

Miracle of Growth, Urbana, University of Illinois Press, 1950.

The New You and Heredity, Amram Scheinfeld, Philadelphia, Lippincott, 1950 (2nd ed.).

Personal Adjustment, Marriage and Family Living, Judson T. and Mary G. Landis, Chicago, Prentice-Hall, 1950.

Sex Education as Human Relations, Lester A. Kirkendall, New York, Inor Publishing Co., 1950.

Units in Personal Health and Human Relations, Lillian L. Biester and others, Minneapolis, University of Minnesota Press, 1947.

Pamphlets

An Approach in Schools to Education for Personal and Family Living, Mabel Grier Leshner and the advisory committee on social hygiene education to the New Jersey State Department of Education, New York, American Social Hygiene Association, 1948.

Education for Human Relations and Family Life on the Secondary School Level, Mabel Grier Leshner and the advisory committee on social hygiene education to the New Jersey State Department of Education, New York, American Social Hygiene Association, 1951 (3rd ed.).

Education for Personal and Family Living, Jacob A. Goldberg and the education committee of the American Social Hygiene Association, New York, American Social Hygiene Association, 1950.

Formula for Family Life Education, New York, American Social Hygiene Association, 1952.

Human Relations Education, G. G. Wetherill, New York, American Social Hygiene Association, 1951 (2nd ed.).

Know Your Daughter, New York, American Social Hygiene Association, 1952.

Know Your Son, New York, American Social Hygiene Association, 1952.

Partners in Sex Education, Esther Emerson Sweeney, New York, American Social Hygiene Association, 1952.

Sex Education for the Adolescent, George W. Corner and Carney Landis, Chicago, American Medical Association (Bureau of Health Education), 1950.

Sound Attitudes toward Sex, Lester A. Kirkendall, New York, American Social Hygiene Association, 1951.

Suppression of Prostitution and Allied Vice, Frank H. Fairchild, New York, American Social Hygiene Association, 1951.

Visual Aids

Birth Atlas, R. L. Dickinson, New York, Maternity Center Association, 1943. Available also from the Cleveland Health Museum, Cleveland, Ohio. (Photos, on sheets 17½" x 22", of sculptures of female reproductive organs, stages of baby's growth, birth processes and twin pregnancies.)

McConnell Health Charts, Goshen, Ind., McConnell Map Company, 1950.

For Students

Books

Better Ways of Growing Up, John E. Crawford and Luther E. Woodward, Philadelphia, Muhlenberg Press, 1948.

A Girl Grows Up, Ruth Fedder, New York, McGraw-Hill, 1948 (2nd ed.).

Human Growth, Lester Beck, New York, Harcourt, Brace, 1949.

Human Venture in Sex, Love and Marriage, Peter Bertocci, New York, Association Press, 1949.

Living Together in the Family, Mildred Wiegley Wood, Washington, American Home Economics Association, 1946 (rev. ed.).

Manners Made Easy, Mary Beery, New York, McGraw-Hill, 1949.

Personal Adjustment, Marriage and Family Living, Judson T. and Mary G. Landis, Chicago, Prentice-Hall, 1950.

Psychology for Living, Herbert Sorenson and Marguerite Malm, New York, McGraw-Hill, 1948.

So Youth May Know, Roy E. Dickerson, New York, Association Press, 1948 (rev. ed.).

You're Growing Up, Helen Shacter, Chicago, Scott, Foresman, 1950.

Youth Grows into Adulthood, Morey R. Fields, Jacob A. Goldberg and Holger F. Kilander, New York, Chartwell House, 1950.

Pamphlets

American Social Hygiene Association pamphlets:

Behavior in Courtship, 1950.

Boys on the Beam (dating etiquette), 1951.

Boys Want to Know, 1952.

Choosing a Home Partner, 1951.

Dates and Dating, 1949.

Dating Do's and Don'ts, 1952.

From Boy to Man, 1952 (rev.).

Girls Want to Know, 1952.

Health for Girls, 1952 (rev.).

Health for Man and Boy, 1944 (rev.).

Marriage and Parenthood, 1944 (rev.).

Preparing for Your Marriage, 1952.

The Question of Petting, 1952.

Women and Their Health, 1944 (rev.).

Association Press publications:

Petting—Wise or Otherwise? E. L. Clarke, 1952.

Things That Count in Courtship, Roy E. Dickerson, 1952.

When a Couple Is Engaged, Roy E. Dickerson, 1952.

Public Affairs pamphlets:

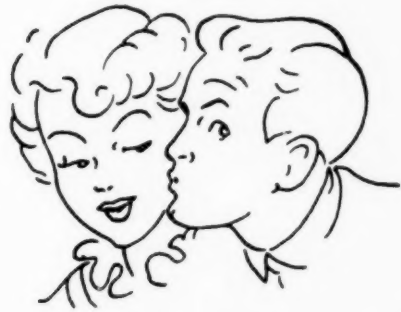
Building Your Marriage, 1946.

So You Think It's Love? 1950.

Building Sex into Your Life, Paul Popenoe, Los Angeles, American Institute of Family Relations, 1944.

So You're a Man, E. S. Breuer, Chicago, American Medical Association (Bureau of Health Education), 1950.

Understanding Sex, Lester Kirkendall, Chicago, Science Research Associates, 1947.



Visual Aids

Are You Popular? New York, Association Films, 1948.

Date Etiquette, Chicago, Coronet Films, 1952.

Dating Do's and Don'ts, Chicago, Coronet Films, 1949.

Etiquette (5 filmstrips prepared to accompany text of Mary Beery's *Manners Made Easy*), New York, McGraw-Hill (Text-Film Department), 1949.

How Do You Know It's Love? Chicago, Coronet Films, 1951.

Human Growth, Portland, University of Oregon Medical School, 1948.

Human Reproduction, New York, McGraw-Hill (Text-Film Department), 1948.

Shy Guy, New York, Association Films, 1948.

Story of Menstruation, Chicago, International Cellucotton Products Co., 1947.

What to Do on a Date, Chicago, Coronet Films, 1951.

With These Weapons (story of syphilis), New York, American Social Hygiene Association, 1949.

On Effective Living in the National Emergency The Young Man and the Armed Forces The Young Woman's Role in National Defense

For Teachers

Books

United States Air Force Character Guidance Program, Washington, Office of the Chief of Air Force Chaplains, 1950.

Careers for Young Americans in the Army and After, Reuben Horchow, Washington, Public Affairs Press, 1950.

Occupational Outlook Handbook, Washington, Superintendent of Documents, U. S. Government Printing Office, 1951.

U. S. Office of Education and Department of Defense, Washington:

Counseling College Students during the Defense Period, 1952.

Counseling High School Students during the Defense Period, 1952.

Students and the Armed Forces, 1952.

Pamphlets

Armed Forces Character Guidance Program, New York, American Social Hygiene Association, 1948.

Character Guidance in the Army, Washington, Department of the Army, 1952.

Universal Military Training and Service Act, as amended, Packet No. 22, Washington, Superintendent of Documents, U. S. Government Printing Office, June 23, 1951. Free.

Why Quit Learning? Armed Forces Talk No. 384, Office of the Secretary of Defense (Armed Forces Information and Education Division), Washington, Superintendent of Documents, U. S. Government Printing Office, September 14, 1951.

Women in the National Emergency, Columbia, Mo., Stephens College (Director of Publications), 1952.

For Students

Books

How to Get Ahead in the Armed Forces, Reuben Horchow, Garden City, N. Y., Doubleday, 1951.

Pamphlets

Before You're Drafted, New York, Greenberg, 1951.

Selective Service College Qualification Test, available from local Selective Service Boards, 1952.

Stay in School, U. S. Navy in consultation with the National Education Association, U. S. Office of Education and U. S. Department of Labor, available through Navy recruiting stations, 1952.

Visual Aids

Are You Ready for Service? Chicago, Coronet Films, 1951-52:

What It's All About

The Nation to Defend

Your Plans

What Are the Military Services?

Service and Citizenship

When You Enter Service

Starting Now

Military Life and You

Getting Ready Physically

Communism

Getting Ready Emotionally

Your Investment in the Future

Getting Ready Morally

Why You?

Stay in School, U. S. Navy in consultation with the National Education Association, U. S. Office of Education and U. S. Department of Labor, available through Navy recruiting stations, 1952.

For Young Men

Air Force Special Services, Area Control Film Library, Middletown Air Material Area, Olmstead AFB, Middletown, Pa., 1951.

Air Naval Reserve (Weekend Warrior), available from nearest Naval District headquarters, 1950.

In Everybody's Army, available from nearest Army headquarters, 1951.

Men of the World (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1949.

Pulling Your Weight (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1951.

To Be Held in Honor (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1951.

With the Marines, available from nearest Marine Corps headquarters, 1951.

For Young Women

Dear Boss (story of women in the Navy), available from nearest Naval District headquarters or U. S. Navy Photographic Center, Anacostia, Md., 1952.

Hospital Afloat (story of Navy medical care), available from nearest Naval District headquarters or U. S. Navy Photographic Center, Anacostia, Md., 1952.

Proudly They Serve (Army Nurse Corps film), available from nearest Army Service Command headquarters or military personnel procurement offices, 1951.

Real Miss America (all-service film), available from photographic centers or U. S. recruiting centers, 1952.

Women in the Air Force (story of the WAF), available from nearest Air Force headquarters, 1952.

Women Marines (story of basic training for Women Marines), available from nearest Marine Corps headquarters, 1951.

Sources of Films, Periodicals and Free and Low-Cost Pamphlets

- American Home Economics Association, 700 Victor Building, Washington 1, D. C.
- American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
- Association Films, 35 West 45th Street, New York, N. Y.
- Association for Family Living, 28 East Jackson Boulevard, Chicago 4, Ill.
- Association Press, 291 Broadway, New York 7, N. Y.
- Athletic Institute, 209 South State Street, Chicago 4, Ill.
- Better Vision Institute, Suite 3157, 630 Fifth Avenue, New York 20, N. Y.
- Bristol-Myers Company (Educational Service Department), 630 Fifth Avenue, New York 20, N. Y.
- Child Study Association of America, 132 East 74th Street, New York 21, N. Y.
- Communication Materials Center, Columbia University Press, New York 27, N. Y.
- Community Relations Service, 386 Fourth Avenue, New York 16, N. Y.
- Coronet Films, Coronet Building, Chicago 1, Ill.
- Family Service Association of America, 192 Lexington Avenue, New York 16, N. Y.
- Federal Council of Churches, see: National Council of the Churches of Christ in the USA.
- Federal Security Agency (Children's Bureau, Office of Education, Public Health Service), Washington 25, D. C.
- Health Publications, 216 North Dawson Street, Raleigh, N. C. (*Motion Pictures for Mental Health Programs*, classified annotated listing of 52 mental health films on child and family, marriage, mental health problems, physiology of human reproduction, teacher education.)
- International Cellucotton Products Co., 919 North Michigan Avenue, Chicago 11, Ill.
- John Hancock Mutual Life Insurance Co., Box 111, Boston, Mass.
- McGraw-Hill Book Co. (Text-Film Department), 330 West 42nd Street, New York 18, N. Y.
- Metropolitan Life Insurance Company, 1 Madison Avenue, New York 10, N. Y.

Stay in School, U. S. Navy in consultation with the National Education Association, U. S. Office of Education and U. S. Department of Labor, available through Navy recruiting stations, 1952.

For Young Men

Air Force Special Services, Area Control Film Library, Middletown Air Material Area, Olmstead AFB, Middletown, Pa., 1951.

Air Naval Reserve (Weekend Warrior), available from nearest Naval District headquarters, 1950.

In Everybody's Army, available from nearest Army headquarters, 1951.

Men of the World (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1949.

Pulling Your Weight (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1951.

To Be Held in Honor (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1951.

With the Marines, available from nearest Marine Corps headquarters, 1951.

For Young Women

Dear Boss (story of women in the Navy), available from nearest Naval District headquarters or U. S. Navy Photographic Center, Anacostia, Md., 1952.

Hospital Afloat (story of Navy medical care), available from nearest Naval District headquarters or U. S. Navy Photographic Center, Anacostia, Md., 1952.

Proudly They Serve (Army Nurse Corps film), available from nearest Army Service Command headquarters or military personnel procurement offices, 1951.

Real Miss America (all-service film), available from photographic centers or U. S. recruiting centers, 1952.

Women in the Air Force (story of the WAF), available from nearest Air Force headquarters, 1952.

Women Marines (story of basic training for Women Marines), available from nearest Marine Corps headquarters, 1951.

Sources of Films, Periodicals and Free and Low-Cost Pamphlets

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American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

Association Films, 35 West 45th Street, New York, N. Y.

Association for Family Living, 28 East Jackson Boulevard, Chicago 4, Ill.

Association Press, 291 Broadway, New York 7, N. Y.

Athletic Institute, 209 South State Street, Chicago 4, Ill.

Better Vision Institute, Suite 3157, 630 Fifth Avenue, New York 20, N. Y.

Bristol-Myers Company (Educational Service Department), 630 Fifth Avenue, New York 20, N. Y.

Child Study Association of America, 132 East 74th Street, New York 21, N. Y.

Communication Materials Center, Columbia University Press, New York 27, N. Y.

Community Relations Service, 386 Fourth Avenue, New York 16, N. Y.

Coronet Films, Coronet Building, Chicago 1, Ill.

Family Service Association of America, 192 Lexington Avenue, New York 16, N. Y.

Federal Council of Churches, see: National Council of the Churches of Christ in the USA.

Federal Security Agency (Children's Bureau, Office of Education, Public Health Service), Washington 25, D. C.

Health Publications, 216 North Dawson Street, Raleigh, N. C. (*Motion Pictures for Mental Health Programs*, classified annotated listing of 52 mental health films on child and family, marriage, mental health problems, physiology of human reproduction, teacher education.)

International Cellucotton Products Co., 919 North Michigan Avenue, Chicago 11, Ill.

John Hancock Mutual Life Insurance Co., Box 111, Boston, Mass.

McGraw-Hill Book Co. (Text-Film Department), 330 West 42nd Street, New York 18, N. Y.

Metropolitan Life Insurance Company, 1 Madison Avenue, New York 10, N. Y.

National Association for Mental Health, 1790 Broadway, New York 19, N. Y.

National Council of the Churches of Christ in the USA, 297 Fourth Avenue, New York, N. Y. (Department of Broadcasting and Films, 220 Fifth Avenue, New York, N. Y.)

National Council on Family Relations, 5757 South Drexel Avenue, Chicago 37, Ill.

National Dairy Council, 111 North Canal Street, Chicago 6, Ill.

National Education Association, 1201 16th Street, N. W., Washington 6, D. C.

National Health Council, 1790 Broadway, New York 19, N. Y.

National Livestock and Meat Board (Department of Nutrition), Room 825, 407 South Dearborn Street, Chicago, Ill.

National Organization for Public Health Nursing, 2 Park Avenue, New York, N. Y.

National Society for Crippled Children and Adults, 11 South LaSalle Street, Chicago 3, Ill.

National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y.

National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

New York Tuberculosis and Health Association, 386 Fourth Avenue, New York 16, N. Y.

Personal Products Corporation, Milltown, N. J.

Public Affairs Committee, 22 East 38th Street, New York, N. Y.

Quarterly Journal of Studies on Alcohol, 52 Hillhouse Avenue, Yale Station, New Haven, Conn.

Science Research Associates, 57 West Grand Avenue, Chicago 10, Ill.

Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

Tampax, 155 East 44th Street, New York 17, N. Y.

U. S. Department of Agriculture, Washington 25, D. C.

VD Education Institute, 216 North Dawson Street, Raleigh, N. C.

Young Women's Christian Association (Woman's Press), 600 Lexington Avenue, New York 22, N. Y.

BOOK NOTES

by Elizabeth B. McQuaid

The Cana Movement in the United States, by Alphonse H. Clemens. Washington, D. C., Catholic University of America Press, 1953. 54p. 75¢.

This summary covers the history of the 10-year-old Cana movement, its purposes, techniques and procedures, including pre-Cana conferences (discussion series for young people), Cana conferences (sessions for married couples), Cana clubs (groups of about six couples and a chaplain who meet in homes) and Cana retreats (two- or three-day retreats for married couples). Basically inspirational, the movement attempts to help couples realize the graces of Christian marriage, make their homes more holy, and enjoy the support of a socially cohesive group.

The book's statistical charts give the topics most frequently discussed by the movement's participants, and appendixes name personnel and sources of information.

The Mature Woman: Her Richest Years, by Anna K. Daniels, M.D. Edited by Victor Rosen. New York, Prentice-Hall, 1953. 237p. \$3.95.

Grandmother and gynecologist, Dr. Daniels is sensible, practical and refreshing. Here she shows the middle-aged woman how to build a balanced, confident, satisfying life.

Since Dr. Daniels recognizes that all life is change, she sees the menopause in its proper perspective, and her book emphasizes this concept of the wholeness of living, rather than the medical symptoms of a particular period. She reminds the mature woman that her weapons are not the glowing complexion nor the amazing vitality of youth, but the social grace, understanding and charm of comparative age.

Some chapter themes: you don't have to be young to be happy, women like wine improve with years, marriage is not for everybody, you can stay in love though married, it's never too late to love. She draws on her patients' histories to illustrate her optimistic philosophy.

THE LAST WORD



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